

APPLICATION FOR AMENDING THE ZONING MAP (REZONING)

DATE PAID _____

HEARING DATE _____

**\$200 FEE
NON-
REFUNDABLE**

APPLICANT'S NAME _____

MAILING ADDRESS _____

E-MAIL _____

APPLICANT'S PHONE _____

LOCATION OF SUBJECT PROPERTY _____

DO YOU OWN THE PROPERTY? _____

NUMBER OF ACRES INVOLVED _____

CURRENT ZONE OF PROPERTY _____

REQUESTED ZONE & PURPOSE FOR THE CHANGE _____

(Have you included all items from attached sheet? yes _____ no _____)

SIGNATURE OF APPLICANT

****The Planning Commission must review the request from the standpoint that changes in the zoning ordinance cannot be made unless it is in the best interest of the public generally and in conformity with the policies of the *General Plan* or *Master Plan*.**